Mrs Jacqueline Anne Bernard

WhiteHorse Care - Brownhills

Inspection report

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Date of inspection visit: 17 December 2015
Date of publication: 18/02/2016

Ratings

Overall rating for this service	Good
Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Overall summary

This unannounced inspection took place on 17 December 2015. At our last inspection on 24 July 2014, the provider was meeting the regulations we looked at. Whitehorse Care provides accommodation and personal care for up to eight people with learning disabilities. At the time of our inspection there were eight people living at the home.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People received care from staff who knew how to keep them safe. Staff knew what they would do to protect a person from the risk of harm and how to respond to any concerns. There were sufficient numbers of staff available to meet people's individual needs. The provider had

Summary of findings

recruitment processes in place which ensured staff had the appropriate checks completed before they began working in the home. People were kept safe by staff that had the skills and knowledge to support their needs.

Risks to people's health and welfare were assessed and managed in a way that promoted people's independence. People received their medicines as prescribed and these were stored and managed safely. People were asked for their consent before care was provided. People's care and support was planned in a way that did not restrict their rights and freedom. People were supported to eat and drink where required and a variety of different foods and drinks was provided. Staff worked with a variety of different healthcare professionals to ensure people's health needs were met.

Staff were kind and caring and understood people's choices and preferences. People's dignity and privacy was respected by staff when support or care was being provided. People were supported to take part in a variety of different activities and hobbies. Relatives told us they knew how to raise complaints or concerns and were confident the registered manager would listen and take appropriate action.

The provider had systems in place to monitor the quality of care that people received. This included gathering feedback from people and relatives. Relatives and staff spoke positively about the approachable nature of the registered manager.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was safe.

People were protected from the risk of harm or abuse because staff were aware of the processes they needed to follow to keep people safe. Risks to people had been considered and people were supported by sufficient numbers of staff to meet their care and support needs. People received their medicine as prescribed.

Good

Is the service effective?
The service was effective.

People were supported by staff that had the relevant skills and knowledge to meet their needs. People were asked for their consent before care was carried out and people's rights were protected. People had a choice of different food and drinks and enjoyed the meals. People had access to healthcare professionals when required.

Good

Is the service caring?
The service was caring.

People were treated with kindness and respect. Staff knew people well and what was important to them. Staff respected people's views and choices and understood people's individual communication methods.

Good

Is the service responsive?
The service was responsive.

People received care that was individual to them and reflected their changing needs. People were supported by staff to follow their interests. Staff knew how to raise concerns on behalf of the people they supported.

Good

Is the service well-led?
The Service was well-led.

Everyone spoke positively about the leadership and approachable nature of the registered manager. People were supported by a team of staff who were motivated and understood their role. The provider had systems in place to monitor the quality of service people received.

Good

WhiteHorse Care - Brownhills

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 17 December 2015 and was unannounced. The inspection was conducted by one inspector.

As part of the inspection we looked at the information we held about the home. This included notifications received from the provider about safeguarding alerts, accidents and incidents which they are required to send us by law. We also contacted the local authority who purchase care on behalf of people to ask them for information about the home.

During our inspection we spoke with two people who lived at the home, four relatives, three staff and the registered manager. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We reviewed the care records for four people, to see how their care was planned and looked at two people's medicine records. We also looked at staff records and records to monitor the quality and management of the home, including safeguarding and care audits.

Good

Is the service safe?

Our findings

People and their relatives told us they thought the service was safe. One relative told us, "I know [person's name] is well looked after and safe I can tell by how they behave." Another relative said, "It's definitely very safe I have no concerns, when [person's name] comes home they always look forward to going back." We saw people were confident to approach staff and the registered manager if anything concerned them and saw staff spent time with people to reassure them if they were worried about something.

Staff told us they had completed training and felt confident to recognise and respond to different types of abuse to protect people from the risk of harm. One member of staff said, "I could tell if someone was upset or something was not quite right, I would make sure the person was safe and tell the manager." Another member of staff told us, "There are different types of abuse like talking down to people or controlling people I would report any concerns to the manager." Staff told us they were confident the manager would take action if any concerns were raised. They explained if they felt appropriate action was not being taken they would report concerns to CQC or the local authority.

People's risks were known by all staff we spoke with. Staff demonstrated an understanding of how to support people with their individual risks which enabled them to spend time away from the home and partake in their chosen activities such as swimming. We looked at people's risk assessments and saw that risks to people had been appropriately assessed, for example one person was at risk of seizures. There was detailed information about the type of seizure the person had and instructions for staff to follow including emergency protocols for staff to use if required. The registered manager had a system in place for recording accidents and incidents, however we saw there were no incidents recorded. We spoke with the registered manager about this who said there had not been any falls or accidents since the last inspection. However they said, "If there were any I would look at each one to see if we could reduce the risk of it happening again."

Everyone we spoke with felt there were sufficient numbers of staff available to meet people's needs. One relative told us, "I feel there are enough staff to support people. [Person's name] needs are always met." One member of staff said, "There are enough staff to support people's needs." During the inspection, we observed staff were able to spend time with people supporting their different interests or care needs. For example two people were supported by staff to attend a disco and another person was supported to attend a chosen leisure activity. The registered manager told us they covered absences with existing staff in an emergency. During our inspection, we saw there were sufficient numbers of staff on duty to support people.

Staff we spoke with said they had worked at the home for a number of years but confirmed they had completed a range of employment checks, for example Disclosure and Barring checks (DBS). DBS checks include criminal and barring checks to help employers reduce the risk of employing unsuitable staff. We saw that the provider had systems in place that ensured staff were recruited with the right skills and knowledge to support people living at the home.

People received their medicines as prescribed. We observed staff supporting people to take their medicines safely. One relative told us, "I do not have any issues with [person's name] receiving their medicine if there are any concerns the staff always ring." There were people living at the home who required medicines 'as and when required', we saw there were protocols in place to help staff identify when to give these medicines. Medicines were stored appropriately to keep them safe and maintain their effectiveness. Medicines were safely disposed of when no longer required or in use. We looked at the medicines for two people and saw that staff updated people's records when medicines were given. Staff that gave medicines told us they had received appropriate training and their competency to administer medicines was checked by the registered manager.

Good

Is the service effective?

Our findings

Relatives spoke positively about the staff and considered staff knowledgeable and well trained. One relative told us, "Staff know [person's name] very well they are very knowledgeable about their needs, likes and dislikes they seem to be well trained." Staff we spoke with told us they felt supported in their job roles and had the necessary skills and knowledge to support people living at the home. They said the registered manager ensured they had access to training courses which developed their skills and enabled them to be more effective in their job. For example we saw staff received training in infection control and competencies had been tested by the registered manager. The registered manager had an overview of the training staff had received and when it required updating.

Three staff we spoke with told us about the support they received from the registered manager. They said they received one to one meetings and had regular staff meetings. All staff said they felt everyone worked well together and were able to discuss any issues they had in either of the meetings. Staff said that the registered manager shared information at these meetings and kept staff up to date with available training or current guidance issued by the local authority or care sector.

We saw staff gained consent from people before providing them with care and support. Staff were able to explain how people who did not use words to communicate agreed or refused to personal care. For example, staff observed people's gestures or body language. Staff told us they were aware of the different communication methods people used and allowed time for people to make choices. One member of staff said, "I ask people in different ways or ask someone else to ask the person. Otherwise I might leave them for a while and try again later. I would never force anything. If I had any concerns like for example refused medicine I would tell the manager."

The Mental Capacity Act (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA.

Care records we looked at showed that mental capacity assessments had been completed. Guidance was available to staff detailing how people made decisions and staff told us they referred to these when supporting people with making choices. We found that the registered manager had an understanding of the procedures to follow to ensure people's rights were protected. Staff we spoke with were able to explain how they protected people's rights and choices. The registered manager told us there was no one living at the home that was currently subject to a DoLS arrangement.

There was a lively atmosphere at the home and people could choose where to eat their meals. The support people received at meal times was dependant on their individual needs. Where people required assistance; staff sat with the person offering encouragement or support when required. People were not rushed and ate their meals at a pace that suited them. One person said the food was "good." One relative told us, "The meals are very good and [person's name] can have drinks whenever they want." Where people had specific dietary requirements these were catered for and meals were prepared and cooked every-day. We saw that people were offered a choice of meals and staff knew people's likes and dislikes.

Relatives told us their family members were seen by the doctor or other healthcare professionals when required. One relative told us, "Staff keep me fully informed of any appointments [person's name] has with the hospital or doctors, they are very good at letting me know." We saw from people's healthcare records that people had access to healthcare professionals such as opticians and dentists as required, so that their health care needs were met.

Good

Is the service caring?

Our findings

Everyone we spoke with told us staff were caring and respectful. One relative said, "Staff are wonderful, very kind and caring it's a real home." People were not able to tell us in detail of their experience of living at the home. However we saw when people came back from their various daytime activities they greeted staff members warmly with smiles and other signs of affection such as embracing members of staff. People were confident in their home and felt happy approaching staff for support. Staff understood people's various communication methods and looked for visual or emotional signs to understand what people wanted. One staff member said, "I am aware of [person' name] routine and always try to maintain it so they don't get upset or anxious."

During our discussions with staff and the registered manager we found they all had detailed knowledge of people's individual needs. They were able to tell us about people's likes and dislikes and what people's individual interests were. Staff talked to people in a kind way and people responded positively such as laughing or smiling. We saw staff responded quickly when people required support such as with personal care. People were involved in making decisions as far as possible about their care and support by staff who offered them a choice. We saw staff supported people to do things for themselves as much as possible. Staff also encouraged people to be independent and praised people when they completed tasks.

People's dignity and privacy was respected. Staff we spoke with were able to provide us with examples of how they protected people's dignity. For example, closing the door when providing care. One member of staff said, "We always make sure when people go to the bathroom they close the door." Another member of staff told us, "We talk about private issues with people in their rooms."

All relatives we spoke with told us that there were no restrictions on visiting their relatives and they were made welcome whenever they visited the home. One relative said, "You can visit whenever you want to and are made to feel very welcome it's a lovely home."

Good

Is the service responsive?

Our findings

People's care records reflected the care and support people received. One relative said, "We were involved in all aspects of [person's name] care plan and we continue to be involved in reviews." Another relative told us, "I am Involved in care planning." We asked staff how they ensured people were involved as much as possible when assessing their needs. Staff said they would speak clearly and slowly and wait for a response from a person or they would use gestures to communicate and observe people's responses. We saw from care records people were involved as much as possible in their care and support planning.

Staff we spoke with knew people's individual needs and interests. Staff told us they spent time with people to plan their care and activities. We looked at four people's care records and found people's care needs were assessed and updated regularly to reflect people's current care needs. We saw that information was individual to the person and included information about their likes and preferences. We saw that where people had changing needs these were kept under review and that staff recognised and responded to them appropriately. For example, Epilepsy monitoring charts. Staff told us that information about changes to people's individual care and health needs were shared at daily handovers. They said the handover meetings were important as it provided staff with the most up to date information about a person's care needs.

We observed staff communicating with people in a variety of different ways such as using signs or gestures. Most people living at the home were not able to express their needs and preferences verbally, however two people were able to confirm that staff responded straight away to their needs. We saw that staff were responsive to people's needs and relatives we spoke with all confirmed this. One relative said "I am very content that [person's name] needs are responded to straight away, staff always keep me well informed and [person's name] is never kept waiting for anything, I am very happy with the care provided."

People were supported to access a range of activities both within the home and the wider community. Most people were engaged in community activities on the day of the inspection. However, with people returning home on the afternoon of the inspection the home had a busy atmosphere with some people preparing to go out again to a disco in the evening. During our inspection we observed people taking part in a number of different activities such as going out swimming and listening to music. Staff told us they planned activities with people around their individual interests. For example, cooking, bowling and exercising.

People felt confident to approach and speak with staff about their concerns or worries. We saw staff spent time with people and were patient and made sure people were happy with their response. Some people at the home would be unlikely to make a complaint due to their understanding or communication needs. Staff were able to tell us how people would communicate if they were unhappy about something. Such as using body language or gestures. We saw pictures were also used to communicate people's feelings. Relatives we spoke with told us they would speak with the registered manager if they had any concerns and all felt confident any issues would be addressed. We saw that there was a policy in place for handling complaints and it was written in an easy read format using pictures, although no complaints had been received since our last inspection. All the staff we spoke with understood the provider's complaints procedure and said if people raised any concerns they would contact the manager straight away. Staff said they felt confident any issues would be addressed appropriately by the provider.

Good

Is the service well-led?

Our findings

Everyone we spoke with were complimentary about the manager and about how the home was managed. One relative said, "I am more than happy with the home [manager's name] is excellent, the home is very well managed it's a lovely home." Everyone we spoke with told us they were happy with the care provided and said that the atmosphere within the home was open and friendly and 'always "welcoming". They said the registered manager was 'approachable' and easy to talk to. All the staff we spoke with confirmed the registered manager was supportive and listened to any concerns they raised and dealt with any issues appropriately. One member of staff said, "[Manager's name] is always helpful and is dedicated to the service users, they come first. I always feel well supported by the registered manager." Staff were aware of the provider's whistle-blowing policy, including raising concerns with external agencies if required. Whistle-blowing means raising a concern about a wrong doing within an organisation.

Staff told us regular staff meetings were held and that they had an opportunity to express their views in these meetings and felt listened to. Staff said that they felt confident in their roles and supported by the registered manager. They said communication within the home was good and the atmosphere was 'open and transparent.' The management structure within the home was clear and everyone knew who to go to if they had any concerns. There was as registered manager in post who provided continuity and leadership within the home. We saw they provided staff with guidance and supervision and monitored practices to ensure people received good quality care. The registered manager was present at the home on a daily basis and knew both people living at the home and staff very well. We saw that people and staff were confident to approach the manager and they demonstrated an understanding of people's needs, members of staff and their responsibilities as a registered manager. We reviewed the information we held about the provider and saw that they had notified us of things they were required to do so by law. The registered manager explained how they kept up to date with current legislation and had attended and encouraged staff to attend various training opportunities on offer within the care sector such as infection control.

The provider had systems in place which ensured the effective running of the home. We saw that the registered manager carried out regular audits such as care planning and health and safety checks. Information was used to produce action plans to improve the service provided to people living at the home. Relatives we spoke with said that they had not attended any recent relative meetings but said that staff kept them well informed of any issues. All relatives we spoke with said that they spoke with registered manager about any issues or improvements they felt should be made and these were addressed straight away. We saw evidence of quality assurance questionnaires which sought the views of people who used or visited the home. The outcomes of the questionnaires were used to make improvements within the home.